

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

**DO NOT WRITE  
ON THIS STUB**

**AMENDED**

Registration District No. 428

Primary Registration District No. 2000

Registrar's No. 1818-4

VS 300  
Rev. 4/59

**DATE AMENDED**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**INSTEAD OF**

ITEM NO. SHOULD READ

DOCUMENT

## MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**USE BLACK INK**

OR

## TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Miller</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge-Protestant</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. #</u>	
3. NAME OF DECEASED (Type or print) First <u>Heleen</u> Middle <u>M.</u> Last <u>Glasscock</u>		4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		11. BIRTHPLACE (City and state or country) <u>Lawrence Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles Sprenger</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Scammon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		17. INFORMANT <u>Joe Glasscock Miller Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia</u> DUE TO (b) <u>Metastatic pleural effusion</u> DUE TO (c) <u>Carcinoma, primary site unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia suspected primary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 months</u> <u>6 months</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>	
20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year <u>-</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>	
21. I attended the deceased from <u>June 12, 1963</u> to <u>Dec 18, 1963</u> and last saw her alive on <u>Dec 17, 1963</u> Death occurred at <u>12:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Daniel E. Holmes MD</u>	
22b. ADDRESS <u>600 S. Glenstone Springfield</u>		22c. DATE SIGNED <u>23 Dec 63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mo. Vernon</u>
24. FUNERAL DIRECTOR <u>Thomas Simon Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-27-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bernie Medley</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. B. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.